

IntegratedEthics Facility Workbook Tool

About the Facility Workbook

The Facility Workbook is an assessment tool to help you and other facility leaders assess your current ethics program. This tool is designed to help you compare the mechanisms, processes, and systems of your ethics program to the “best practices” of an IntegratedEthics program.

The workbook can help facilities answer such questions as:

1. Where are we in developing the key components of an IntegratedEthics program?
2. To what extent is our approach to ethics comprehensive, systematic, broadly deployed, and well integrated?
3. What actions can we take to narrow the gap between our current ethics program and an IntegratedEthics program?

Completing the Workbook

The workbook can help you plot a course for your IntegratedEthics program. We recommend that you complete the workbook early in your program’s development. The workbook is intended to be completed annually so that you can assess your facility’s progress over time.

As the IntegratedEthics Program Officer, you are responsible for ensuring that the workbook is completed. Your first step will be to determine who should be involved in completing each of the four sections of the workbook: Overall Ethics Program, Ethics Consultation, Preventive Ethics, and Ethical Leadership.

Each section should be completed by a small team of individuals who have firsthand knowledge of the relevant function and how it operates in your facility. Once you’ve assembled your workbook teams, you’ll want to establish clear expectations and timelines. Each team should plan to devote approximately 1–2 hours per week over the course of a month to discussing and completing the workbook and to preliminary consideration of the results.

Each section has three subsections:

Subsection A. Questions. Record your facility’s responses in this part of the workbook.

Subsection B. Notes. Record interpretations and/or comments on your facility’s responses, as well as potential opportunities to improve your ethics program. These notes will help your facility develop specific follow-up actions.

Subsection C. Supporting Documentation. Store the requested documents in this subsection so you can easily refer to them. The documents, together with the responses in Subsections A and B, will provide a helpful overview of activities relating to your ethics program. Also, gathering these documents together will allow you to be more efficient the next time you complete the workbook.

Be Candid in Responding to the Questions

When completing this workbook, choose the responses that most accurately describe current practices of your facility's ethics program. Thorough consideration of each item will provide the information you need to help you understand and improve your program.

To Save Your Workbook Electronically

Select "Save As" from the drop-down "File" menu. Enter a new filename using the following format:

VISN number[dash]Facility name[dash]fiscal year

Your new filename should look like this:

"VISN20--PugetSoundHCS--FY07."

Understanding the Results and Next Steps

When all the sections of the workbook have been completed, the teams should meet to discuss the results and identify gaps between your current ethics program and a fully developed IntegratedEthics program. To help identify these gaps, teams should review the *IntegratedEthics Facility Workbook: Understanding Your Results* (vaww.ethics.va.gov/IntegratedEthics). You should then report the results to the senior leaders of your facility and/or your IntegratedEthics (IE) Council. When interpreting your results, local factors and circumstances should be taken into account by local leaders and/or the IE Council to determine which findings represent a quality gap and which of these should receive priority follow up action at your facility.

Because this is a tool for continuous quality improvement, you should use the workbook to re-assess your ethics program on an annual basis. By comparing results across time, you can track your progress and determine where further work is needed.

After completing the workbook and saving it electronically, send one copy to your VISN IntegratedEthics Point of Contact for monitoring purposes.

Date of Completion:

Section 1: Overall Ethics Program

This section of the workbook pertains to the overall structure and practices of your facility's ethics program. For additional information about items in this section, refer to the IntegratedEthics Roles and Responsibilities documents.

Section 1.A.: Questions

Instructions: Choose the response or responses that best describe your facility's current practices.

- 1.1 Which of the following are included in your facility's approach to accountability for your ethics program? (Mark all that apply.)
- ☐ A designated individual (e.g., Ethics Consultation Coordinator) is responsible for managing the program's ethics consultation activities.
 - ☐ A designated individual (e.g., Preventive Ethics Coordinator) is responsible for managing the program's preventive ethics activities.
 - ☐ A designated individual (e.g., Ethical Leadership Coordinator) is responsible for managing the program's ethical leadership activities.
 - ☐ A senior manager (e.g., Ethical Leadership Coordinator) is responsible for the success of the ethics program.
 - ☐ A designated individual (e.g., IntegratedEthics Program Officer) is responsible for the day-to-day management of the ethics program.
 - ☐ A group (e.g., IntegratedEthics Council) is responsible for overseeing the implementation and operations of the ethics program.
 - ☐ Other (specify):

1.2 Which of the following best describes your facility's policy on your ethics program? (Mark only one.)

☐ Our facility does not have a policy.

☐ Our facility has a policy with the following elements:



☒ **In the table below, mark “yes” or “no” to whether the element is included in the policy.**

If marked, file in Section 1.C.: Supporting Documentation Related to the Ethics Program.

YES ↓	NO ↓	POLICY ELEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	The role and function of the ethics consultation service
<input type="checkbox"/>	<input type="checkbox"/>	The role and function of preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	The role and function of ethical leadership
<input type="checkbox"/>	<input type="checkbox"/>	The role and responsibilities of the individual responsible for overall management of the ethics program
<input type="checkbox"/>	<input type="checkbox"/>	The role and responsibilities of the senior manager who is accountable for the success of the ethics program
<input type="checkbox"/>	<input type="checkbox"/>	The goals of the IntegratedEthics Council
<input type="checkbox"/>	<input type="checkbox"/>	The membership of the IntegratedEthics Council
<input type="checkbox"/>	<input type="checkbox"/>	How the quality of the ethics program is to be assessed and assured
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

1.3 At your facility, how do senior leaders learn about the activities of your ethics program? (Mark all that apply.)

☐ Senior leaders request information about the activities of the ethics program on an *ad hoc* basis.

☐ Senior leaders require routine reporting about the activities of the ethics program (e.g., through presentations to a top corporate decision-making body or through written reports).

☐ Senior leaders directly observe or participate in the ethics program (e.g., attend ethics program meetings, chair the IntegratedEthics Council).

☐ Other (specify):

1.4 At your facility, which of the following approaches are used to educate staff members about how to recognize and respond to ethical concerns? (Mark all that apply.)

- ☐ Our facility has no formal approach to educating staff members about how to recognize and respond to ethical concerns.
- ☐ Our facility offers education for new staff members about how to recognize and respond to ethical concerns.
- ☐ Our facility requires education for new staff members about how to recognize and respond to ethical concerns.
- ☐ Our facility offers education for all staff members about how to recognize and respond to ethical concerns.
- ☐ Our facility requires education for all staff members about how to recognize and respond to ethical concerns.
- ☐ Other (specify):

1.5 Which of the following best describes how your facility educates staff members about the existence and functions of IntegratedEthics? (Mark only one.)

- ☐ Our facility does not educate staff members about the existence and functions of IntegratedEthics.
- ☐ Our facility educates some staff members about the existence and functions of IntegratedEthics.
- ☐ Our facility educates all staff members about the existence and functions of IntegratedEthics.

- 1.6** For each of the content areas listed below, characterize your facility's educational activities relating to ethics in the last year by providing the requested information. Include educational activities that focus on rules as well as those that focus on values.

Content	Mode (e.g., lecture, video, web-based)	Topic (e.g., advance directives, integrity in financial management)	Target Audience (group for which the education was designed)	Approximate % of Target Audience Trained
Time period within which educational activities occurred:			(start date)	(end date)
Shared Decision Making with Patients				
Ethical Practices in End-of-Life Care				
Patient Privacy and Confidentiality				
Professionalism in Patient Care				
Ethical Practices in Resource Allocation				

1.6 (Continued)

- 1.6** For each of the content areas listed below, characterize your facility's educational activities relating to ethics in the last year by providing the requested information. Include educational activities that focus on rules as well as those that focus on values.

Content	Mode (e.g., lecture, video, web-based)	Topic of Activity (e.g., advance directives, integrity in financial management)	Target Audience (groups for whom the education was designed)	Approximate % of Target Audience Trained
<i>Time period within which educational activities occurred: (start date) (end date)</i>				
Ethical Practices in Business and Management				
Ethical Practices in Government Service				
Ethical Practices in Research				
Ethical Practices in the Everyday Workplace				
Integrated Ethics Program				
Other				

1.7 Characterize your facility's approach to assuring that ethics-related activities are well integrated throughout the facility. Such activities include, for example, protecting human research subjects, conducting ethics consultations, promoting business integrity, ensuring adherence to government ethics rules, preventing discrimination in hiring practices, and preparing for JCAHO accreditation.

1.8 Which of the following best describes your facility's approach to assuring that individuals performing ethics activities have access to needed resources, such as library materials, clerical services, and training? (Mark only one.)

- ☐ Our facility does not have an approach for assuring that individuals performing ethics activities have needed resources.
- ☐ Our facility considers requests to provide resources for the ethics program on a case-by-case basis.
- ☐ Our facility provides resources for the ethics program through a specific budget allocation.
- ☐ Other (specify):

1.9 Identify any tools or methods that were used in the last year to assess your facility's ethical practices, for example, the IntegratedEthics Staff Survey or another organizational self-assessment tool.

**📁 File assessment tools and the summary of their results in Section 1.C.:
Supporting Documentation Related to Overall Ethics Program.**

Section 1.B: Notes on Overall Ethics Program

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given above. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans.

Section 1.C: Supporting Documentation Related to the Overall Ethics Program

Instructions: In the previous section, a number of supporting documents were requested (see questions 1.2 and 1.9). Use this space to list these supporting documents and where they can be located and/or file copies of the documents at this point in the workbook. These documents, together with your responses in Subsections A and B will provide a helpful overview of activities important to your IntegratedEthics program.

Section 2: Ethics Consultation

This section of the workbook pertains to ethics consultation. For additional information about items in this section, refer to the IntegratedEthics primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*, and to the IntegratedEthics toolkit and video training materials for ethics consultation.

Definition of Terms:

Ethical concern: Uncertainty or conflict about values.

Ethics consultation in health care: The activities performed by an individual or group on behalf of a health care organization to help patients, providers, and/or other parties resolve *ethical concerns* in a health care setting. These activities typically involve consulting about active clinical cases (ethics case consultation), but also include analyzing prior clinical cases or hypothetical scenarios, reviewing documents from an ethics perspective, clarifying ethics-related policy, and/or responding to ethical concerns in other contexts not immediately related to patient care. Ethics consultation may be performed by an individual ethics consultant or a team of ethics consultants.¹

Ethics consultation service: A mechanism in a health care organization that performs *ethics consultation*.

Ethics question: A question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

Section 2.A.: Questions

Instructions: Choose the response or responses that best describe your facility's current practices.

- 2.1 Which of the following best describes your facility's approach to ethics consultation; i.e., responding to ethics questions that arise in health care? (Mark only one.)
- ☐ Our facility does not perform ethics consultation.
☒ **If marked**, read the primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*, and develop plans for an ethics consultation service. The remaining questions in this section will not be applicable until your facility has developed an approach to ethics consultation. Therefore, skip the remaining questions in this section.
 - ☐ Our facility performs ethics consultation, but the approach is variable (e.g., it varies depending on who is involved).
 - ☐ Our facility has a well-defined approach to ethics consultation that is consistently followed.

¹Note that "ethics consultation" as used in this workbook is distinct and separate from consultation with the Office of General Counsel or regional counsel pertaining to government ethics rules.

2.2 Which of the following steps are consistently included in your facility's approach to ethics consultations that pertain to an active clinical case?

☒ In the table below, mark "yes" or "no" to whether the step is consistently followed.


YES ↓	NO ↓	STEPS
		Clarify the consultation request
<input type="checkbox"/>	<input type="checkbox"/>	Characterize the type of consultation request
<input type="checkbox"/>	<input type="checkbox"/>	Obtain preliminary information from the requester
<input type="checkbox"/>	<input type="checkbox"/>	Establish realistic expectations about the consultation process
<input type="checkbox"/>	<input type="checkbox"/>	Formulate the ethics question
		Assemble the relevant information
<input type="checkbox"/>	<input type="checkbox"/>	Consider the types of information needed
<input type="checkbox"/>	<input type="checkbox"/>	Identify the appropriate sources of information
<input type="checkbox"/>	<input type="checkbox"/>	Gather information systematically from each source
<input type="checkbox"/>	<input type="checkbox"/>	Summarize the consultation and the ethics question
		Synthesize the information
<input type="checkbox"/>	<input type="checkbox"/>	Determine whether a formal meeting is needed
<input type="checkbox"/>	<input type="checkbox"/>	Engage in ethical analysis
<input type="checkbox"/>	<input type="checkbox"/>	Identify the ethically appropriate decision maker
<input type="checkbox"/>	<input type="checkbox"/>	Facilitate moral deliberation among ethically justifiable options
		Explain the synthesis
<input type="checkbox"/>	<input type="checkbox"/>	Communicate the synthesis to key participants
<input type="checkbox"/>	<input type="checkbox"/>	Provide additional resources
<input type="checkbox"/>	<input type="checkbox"/>	Document the consultation in the health record
<input type="checkbox"/>	<input type="checkbox"/>	Document the consultation in consultation service records
		Support the consultation process
<input type="checkbox"/>	<input type="checkbox"/>	Follow up with participants
<input type="checkbox"/>	<input type="checkbox"/>	Evaluate the consultation
<input type="checkbox"/>	<input type="checkbox"/>	Adjust the consultation process
<input type="checkbox"/>	<input type="checkbox"/>	Identify underlying systems issues
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

- 2.3** Which of the following responses best describes who has responsibility for the ethics consultation service at your facility? (Mark only one.)
- ☐ No individual or group has specific responsibility for the ethics consultation service.
 - ☐ Two or more individuals are jointly responsible for the ethics consultation service.
 - ☐ One individual is solely responsible for the ethics consultation service.
 - ☐ One individual is responsible for the ethics consultation service, and for overseeing other individuals who have specific ethics consultation responsibilities.
 - ☐ Other (specify):
- 2.4** Which of the following are included in your facility's approach to ensuring your ethics consultation service is held accountable for the quality of its work? (Mark all that apply.)
- ☐ Our facility does not have an approach to ensuring the accountability of our ethics consultation service.
 - ☐ Ethics consultants are held accountable in a general way for the quality of the consultations they perform.
 - ☐ Ethics consultants are held accountable through performance reviews that explicitly address ethics consultation.
 - ☐ A designated individual is held accountable in a general way for the quality of the facility's ethics consultation activities.
 - ☐ A designated individual is held accountable through a performance review that explicitly addresses the quality of the facility's ethics consultation activities.
 - ☐ Other (specify):
- 2.5** Which of the following are included in your facility's approach to providing staff members time for ethics consultation activities? (Mark all that apply.)
- ☐ Managers approve time for ethics consultation, but do not arrange for release or coverage of consultants' other work responsibilities.
 - ☐ Managers approve time for ethics consultation and arrange for release or coverage of consultants' other work responsibilities, as needed.
 - ☐ Managers ensure that one or more ethics consultants have dedicated time to perform ethics consultation.
 - ☐ Other (specify):

2.6 Which of the following best describes your facility's approach to assessing whether ethics consultants have the requisite knowledge and skills? (Mark only one.)

- ☐ We do not assess ethics consultants' knowledge and skills.
- ☐ We assess ethics consultants' knowledge and skills only if someone questions their proficiency or suggests there is a problem.
- ☐ We assess ethics consultants' knowledge and skills, but we do not use explicit standards.
- ☐ We assess ethics consultants' knowledge and skills through a systematic process and against explicit standards (e.g., using the Ethics Consultation Proficiency Assessment Tool).



 If marked, file in Section 2.C.: Supporting Documentation Related to Ethics Consultation.

2.7 Which of the following describes how ethics consultants in your facility learn to perform ethics consultation? (Mark all that apply.)

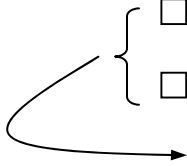
- ☐ Ethics consultants learn through self-study.
- ☐ Ethics consultants learn by observing more experienced members.
- ☐ Ethics consultants learn by receiving specific performance feedback from more experienced members.
- ☐ Ethics consultants learn by receiving feedback from requesters and/or patients, families or surrogates.
- ☐ Ethics consultants learn by completing a specific curriculum.
- ☐ Ethics consultants learn by following a specific plan for continuous professional development.
- ☐ Other (specify):

2.8 Which of the following are included in your facility's approach to educating ethics consultants? (Mark all that apply.)

- ☐ Our facility does not offer education for ethics consultants.
- ☐ Our facility provides education for ethics consultants about a broad range of topics in ethics (e.g., informed consent, workplace boundaries).
- ☐ Our facility provides education for ethics consultants that includes thorough instruction about how to perform ethics consultation.
- ☐ Our facility requires education for ethics consultants about a broad range of topics in ethics (e.g., informed consent, workplace boundaries).
- ☐ Our facility requires education for ethics consultants that includes thorough instruction about how to perform ethics consultation.
- ☐ Other (specify):

2.9 Which of the following best describes how your facility informs patients and families about the availability of the ethics consultation service at your facility? (Mark only one.)

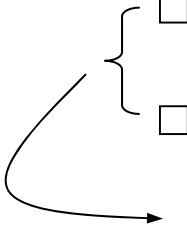
- ☐ Patients and families are generally not informed.
- ☐ Patients and families are informed by staff members only when it seems relevant.
- ☐ Patients and families in some units and settings are provided written information about the service (e.g., brochures, newsletters, posters).
- ☐ Patients and families in all units and settings are provided written information about the service (e.g., brochures, newsletters, posters).



📁 If marked, file in Section 2.C.: Supporting Documentation Related to Ethics Consultation.

2.10 Which of the following best describes how your facility informs staff members about the availability of the ethics consultation service at your facility? (Mark only one.)

- ☐ Staff members are generally not informed.
- ☐ Staff members are informed through word of mouth on an *ad hoc* basis).
- ☐ Staff members in some departments, units and settings are provided information about the service through some regular mechanism(s) (e.g., brochures, newsletters, posters).
- ☐ Staff members in all departments, units and settings are provided information about the service through some regular mechanism(s) (e.g., brochures, newsletters, posters).



📁 If marked, file in Section 2.C.: Supporting Documentation Related to Ethics Consultation.

2.11 Which of the following best describes the availability of your facility's ethics consultation service? (Mark only one.)

- ☐ Our service has no regular hours, but is available by special request.
- ☐ Our service is available during normal work hours.
- ☐ Our service is available during normal work hours with variable availability on nights, weekends, and holidays.
- ☐ Our service is available 24 hours a day, 7 days a week.

- 2.12** Which of the following best describes how responsive your facility's ethics consultation service is to urgent requests? (Mark only one.)
- ☐ One or more members of the ethics consultation service will almost always communicate with the requester within 3 business days.
- ☐ One or more members of the ethics consultation service will almost always communicate with the requester within one day (i.e., 24 hours).
- ☐ One or more members of the ethics consultation service will almost always communicate with the requester within hours (i.e., on the same business day).

- 2.13** In the last year, has your ethics consultation service received consultation requests pertaining to any of the following topics?

☒ In the table below, mark “yes” or “no” to whether the ethics consultation service received one or more consultation requests related to the topic.

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Shared Decision Making with Patients (how well the facility promotes collaborative decision making between clinicians and patients)		
<input type="checkbox"/>	<input type="checkbox"/>	Decision making capacity/competency (ability of the patient to make his/her own health care decisions)
<input type="checkbox"/>	<input type="checkbox"/>	Informed consent process (providing information to the patient or surrogate, ensuring that the decision is voluntary, and documenting the decision—note: informed consent for research should be coded under Research)
<input type="checkbox"/>	<input type="checkbox"/>	Surrogate decision making (selection, role, and responsibilities of the person authorized to make health care decisions for the patient)
<input type="checkbox"/>	<input type="checkbox"/>	Advance care planning (statements made by a patient with decision-making capacity regarding future health care decisions)
<input type="checkbox"/>	<input type="checkbox"/>	Limits to patient choice (e.g., choice of care setting, choice of provider, a demand for unconventional treatment)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about shared decision-making with patients that do not fit in the categories listed above

Question 2.13 (Continued)

- 2.13** In the last year, has your ethics consultation service received any consultation requests pertaining to any of the following topics?

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Ethical Practices in End-of-Life Care (how well the facility addresses ethical aspects of caring for patients near the end of life)		
<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation (CPR) (withholding or stopping resuscitation in the event of cardiopulmonary arrest, including DNR or DNAR orders)
<input type="checkbox"/>	<input type="checkbox"/>	Life-sustaining treatments (withholding or stopping artificially administered fluid or nutrition, mechanical ventilation, dialysis, surgery, antibiotics, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Medical futility (a clinician's judgment that a therapy will be of no benefit to a patient and therefore should not be offered or should be withdrawn)
<input type="checkbox"/>	<input type="checkbox"/>	Hastening death intentionally or unintentionally (e.g., questions relating to euthanasia, assisted suicide, or the doctrine of double effect)
<input type="checkbox"/>	<input type="checkbox"/>	Death and postmortem issues (determination of death, organ donation, autopsy, disposition of body or tissue, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in end-of-life care that do not fit in the categories listed above
Patient Privacy and Confidentiality (how well the facility protects patient privacy and confidentiality)		
<input type="checkbox"/>	<input type="checkbox"/>	Privacy (protecting individuals' interests in maintaining personal space free of unwanted intrusions and in controlling data about themselves)
<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality (nondisclosure of information obtained as part of the clinician-patient relationship)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about patient privacy and confidentiality that do not fit in the categories listed above

Question 2.13 (Continued)

- 2.13** In the last year, has your ethics consultation service received any consultation requests pertaining to any of the following topics?

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Professionalism in Patient Care (how well the facility fosters employee behavior appropriate for health care professionals)		
<input type="checkbox"/>	<input type="checkbox"/>	Conflicts of interest (situations that may compromise the clinician's fiduciary duty to patients, including inappropriate business or personal relationships—note: conflicts of interest relating to the government employee's duty to clients or the public should be coded under Government Service; conflicts of interest relating to the researcher's duty to research subjects should be coded under Research)
<input type="checkbox"/>	<input type="checkbox"/>	Truth-telling (open and honest communication with patients, including disclosing bad news and adverse events—note: truth-telling relating to informed consent should be coded under Shared Decision Making; truth-telling relating to leadership, human resources, or business integrity should be coded under Ethical Practices in Business and Management; truth-telling relating to communication with the public should be coded under Government Service; truth-telling among staff members should be coded under Ethical Practices in the Everyday Workplace)
<input type="checkbox"/>	<input type="checkbox"/>	Difficult patients (clinician interactions with patients who are disruptive or do not adhere to treatment plans/health care recommendations)
<input type="checkbox"/>	<input type="checkbox"/>	Cultural/religious sensitivity (clinician interactions with people of different ethnicity, religion, sexual orientation, gender, age, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about professionalism in patient care that do not fit in the categories listed above
Ethical Practices in Resource Allocation (how well the facility ensures fairness in allocating resources across programs, services, and patients)		
<input type="checkbox"/>	<input type="checkbox"/>	Systems level - macroallocation (how well the facility demonstrates fairness in allocating resources across programs and services)
<input type="checkbox"/>	<input type="checkbox"/>	Individual level - microallocation (how well the facility demonstrates fairness in allocating resources to individual patients or staff members)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in resource allocation that do not fit in the categories listed above
Ethical Practices in Business and Management (how well the facility promotes high ethical standards in its business and management practices)		
<input type="checkbox"/>	<input type="checkbox"/>	Leadership (behaviors of leaders in support of an ethical environment and culture)
<input type="checkbox"/>	<input type="checkbox"/>	Human resources (supervisory support for an ethical environment and culture through the performance management system)
<input type="checkbox"/>	<input type="checkbox"/>	Business integrity (practices that support oversight of business processes, compliance with legal and ethical standards, and promotion of business quality and integrity)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about business and management that do not fit in the categories listed above

Question 2.13 (Continued)

- 2.13** In the last year, has your ethics consultation service received any consultation requests pertaining to any of the following topics?


YES ↓	NO ↓	IntegratedEthics Domains and Topics
Ethical Practices in Government Service* (how well the facility fosters behavior appropriate for government employees)		
<input type="checkbox"/>	<input type="checkbox"/>	Government ethics rules and laws (ethics rules, regulations, policies or standards of conduct that apply to federal government employees, e.g., bribery, nepotism, gift and travel rules)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in government service that do not fit in the category listed above
Ethical Practices in Research (how well the facility ensures that its employees follow ethical standards that apply to research practices)		
<input type="checkbox"/>	<input type="checkbox"/>	Informed consent for research (providing information to the research subject or surrogate, ensuring that the decision is voluntary, and documenting the decision—note: informed consent for clinical care should be coded under Shared Decision Making)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in research that do not fit in the category listed above
Ethical Practices in the Everyday Workplace (how well the facility supports ethical behavior in everyday workplace interactions)		
<input type="checkbox"/>	<input type="checkbox"/>	Respect and dignity (e.g., employee privacy, personal safety, respect for diversity)
<input type="checkbox"/>	<input type="checkbox"/>	Ethical climate (e.g., openness to ethics discussion, perceived pressure to engage in unethical conduct)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in the everyday workplace that do not fit in the categories listed above
IntegratedEthics Program		
<input type="checkbox"/>	<input type="checkbox"/>	IntegratedEthics structure and processes (characteristics and policies of the facility's formal mechanism(s) for addressing ethics in health care)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about the IntegratedEthics program that do not fit in the category listed above

* Questions about the interpretation of the legal requirements of government service are the sole purview of the designated government ethics officers within the Office of General Counsel and regional counsel offices.

2.14 Which of the following best describes your facility's policy that addresses ethics consultation? (Mark only one.)

- ☐ Our facility does not have a policy that addresses ethics consultation.
- ☐ Our facility has a policy that addresses ethics consultation with the following elements:

☒ In the table below, mark "yes" or "no" to whether the element is addressed in the policy.

 If marked, file in Section 2.C.: Supporting Documentation Related to Ethics Consultation.

YES ↓	NO ↓	POLICY ELEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	The goals of ethics consultation
<input type="checkbox"/>	<input type="checkbox"/>	Who may perform ethics consultation
<input type="checkbox"/>	<input type="checkbox"/>	The education and/or training required of an ethics consultant
<input type="checkbox"/>	<input type="checkbox"/>	Who may request an ethics consultation
<input type="checkbox"/>	<input type="checkbox"/>	What requests are appropriate for the ethics consultation service
<input type="checkbox"/>	<input type="checkbox"/>	What requests are appropriate for ethics case consultation
<input type="checkbox"/>	<input type="checkbox"/>	Which consultation model(s) may be used and when
<input type="checkbox"/>	<input type="checkbox"/>	Who must be notified when an ethics consultation has been requested
<input type="checkbox"/>	<input type="checkbox"/>	How participants' confidentiality is to be protected
<input type="checkbox"/>	<input type="checkbox"/>	How ethics consultations are to be performed
<input type="checkbox"/>	<input type="checkbox"/>	How ethics consultations are to be documented
<input type="checkbox"/>	<input type="checkbox"/>	Who is accountable for the ethics consultation service
<input type="checkbox"/>	<input type="checkbox"/>	How the quality of ethics consultation is to be assessed and ensured

2.15 Which of the following approaches best describes how your facility evaluates the ethics consultation service? (Mark only one.)

- ☐ Our service is not evaluated.
☐ Our service is occasionally evaluated on the following factors:
☐ Our service is regularly evaluated on the following factors:
☒ **For each factor in the table below, mark “yes” or “no” to whether the factor is evaluated.**
☐ **If marked, file in Section 2.C.: Supporting Documentation Related to Ethics Consultation.**

YES ↓	NO ↓	FACTORS EVALUATED
<input type="checkbox"/>	<input type="checkbox"/>	Integration: the ethics consultation service is well integrated with other components of the organization (e.g., utilized by multiple services and programs at your facility)
<input type="checkbox"/>	<input type="checkbox"/>	Leadership support: the ethics consultation service is adequately supported by leadership
<input type="checkbox"/>	<input type="checkbox"/>	Expertise: ethics consultants have the knowledge and skills required to perform ethics consultation competently
<input type="checkbox"/>	<input type="checkbox"/>	Staff member time: ethics consultants have adequate time to perform ethics consultation effectively
<input type="checkbox"/>	<input type="checkbox"/>	Resources: ethics consultants have ready access to the resources they need
<input type="checkbox"/>	<input type="checkbox"/>	Access: the ethics consultation service can be reached in a timely way by those it serves
<input type="checkbox"/>	<input type="checkbox"/>	Accountability: there is clear accountability for ethics consultation within the facility's reporting hierarchy
<input type="checkbox"/>	<input type="checkbox"/>	Organizational learning: the ethics consultation service disseminates its experience and findings effectively
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation: the ethics consultation service continuously improves the quality of its work through systematic assessment
<input type="checkbox"/>	<input type="checkbox"/>	Policy: the structure, function, and processes of ethics consultation are formalized in institutional policy
<input type="checkbox"/>	<input type="checkbox"/>	CASES approach: ethics case consultations are performed in accordance with the “CASES” approach (as outlined in the IntegratedEthics primer, <i>Ethics Consultation: Responding to Ethics Questions in Health Care</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Goals: the ethics consultation service meets its stated goals
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

2.16 Describe specific examples of how formal evaluation(s) of the ethics consultation service have been used to improve the quality of ethics consultations at your facility. These examples could include feedback on a specific consult, assessment of an individual consultant, or systematic assessment of the entire program (e.g., Ethics Consultation Proficiency Assessment Tool, Ethics Consultation Feedback Tools).

2.17 Describe an example of how ethics consultation helped to improve ethical practices in your facility, and an example of when it failed to do so. How do you explain the different outcomes? What do you think were the critical differences in these situations?

Section 2.B: Notes on Ethics Consultation

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given above. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans.

Section 2.C: Supporting Documentation Related to Ethics Consultation

Instructions: In the previous section, a number of supporting documents were requested (see questions 2.6, 2.9, 2.10, 2.14, and 2.15). Use this space to list these supporting documents and where they can be located and/or file copies of the documents at this point in the workbook. These documents, together with your responses in Subsections A and B will provide a helpful overview of activities important to your IntegratedEthics program.

Section 3: Preventive Ethics

This section of the workbook pertains to preventive ethics. For additional information about items in this section, refer to the IntegratedEthics primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level* and to the IntegratedEthics toolkit and video training materials for preventive ethics.

Definition of Terms:

Best practice: A technique or methodology shown by experience and/or research to lead reliably to a desired result. In ethics, best practice refers to the ideal established by ethical and professional norms and standards. Communicating with patients in language they can understand is an example of such an ethical standard.

Ethical concern: Uncertainty or conflict about values.

Ethical issue: An ongoing situation involving organizational systems and processes that gives rise to an ethical concern.

Ethics quality gap: With respect to ethics issues, the disparity between current practices and best practices.

Preventive ethics: Activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address ethics quality gaps.

Section 3.A.: Questions

Instructions: Choose the response or responses that best describe your facility's current practices.

- 3.1** Which of the following best describes your facility's approach to preventive ethics, i.e., activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address ethics quality gaps? (Mark only one.)
- ☐ Our facility does not have a specific approach to preventive ethics.
☒ If marked, read the primer, *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, and develop plans for an approach to preventive ethics. The remaining questions in this section will not be applicable until your facility has developed an approach to preventive ethics. Therefore, skip the remaining questions in this section.
 - ☐ Our facility has an approach to preventive ethics, but the approach is variable (e.g., it varies depending on who is involved).
 - ☐ Our facility has a well-defined approach that is consistently followed.

3.2 Which of the following steps are consistently included in your facility's approach to preventive ethics?

☒ In the table below, mark "yes" or "no" to whether the step is consistently included.

YES ↓	NO ↓	STEPS
		Identify an Issue
<input type="checkbox"/>	<input type="checkbox"/>	Be proactive in identifying ethical issues
<input type="checkbox"/>	<input type="checkbox"/>	Characterize each issue
<input type="checkbox"/>	<input type="checkbox"/>	Clarify each issue by listing the improvement goal
<input type="checkbox"/>	<input type="checkbox"/>	Prioritize the issues and select one
		Study the Issue
<input type="checkbox"/>	<input type="checkbox"/>	Diagram the process behind the relevant practice
<input type="checkbox"/>	<input type="checkbox"/>	Gather specific data about best practices
<input type="checkbox"/>	<input type="checkbox"/>	Gather specific data about current practices
<input type="checkbox"/>	<input type="checkbox"/>	Refine the improvement goal to reflect the ethics quality gap
		Select a Strategy
<input type="checkbox"/>	<input type="checkbox"/>	Identify the major cause(s) of the ethics quality gap
<input type="checkbox"/>	<input type="checkbox"/>	Brainstorm possible strategies to narrow the gap
<input type="checkbox"/>	<input type="checkbox"/>	Choose one or more strategies to try
		Undertake a Plan
<input type="checkbox"/>	<input type="checkbox"/>	Plan how to carry out the strategy
<input type="checkbox"/>	<input type="checkbox"/>	Plan how to evaluate the strategy
<input type="checkbox"/>	<input type="checkbox"/>	Execute the plan
		Evaluate and Adjust
<input type="checkbox"/>	<input type="checkbox"/>	Check the execution and the results
<input type="checkbox"/>	<input type="checkbox"/>	Adjust as necessary
<input type="checkbox"/>	<input type="checkbox"/>	Evaluate your ISSUES process
		Sustain and Spread
<input type="checkbox"/>	<input type="checkbox"/>	Sustain the improvement
<input type="checkbox"/>	<input type="checkbox"/>	Disseminate the improvement
<input type="checkbox"/>	<input type="checkbox"/>	Continue monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

3.3 Which of the following responses best describes who has responsibility for preventive ethics activities at your facility? (Mark only one.)

- ☐ No individual or group has specific responsibility for preventive ethics activities.
- ☐ Two or more individuals are jointly responsible for preventive ethics activities.
- ☐ One individual is solely responsible for preventive ethics activities.
- ☐ One individual is responsible for preventive ethics activities, and for overseeing other individuals who have specific preventive ethics responsibilities.
- ☐ Other (specify):

3.4 Which of the following are included in your facility's approach to ensuring your preventive ethics program is held accountable for the quality of its work? (Mark all that apply.)

- ☐ Our facility does not have an approach to ensuring accountability for preventive ethics.
- ☐ Two or more individuals are held accountable in a general way for the quality of the preventive ethics work they perform.
- ☐ Two or more individuals are held accountable through performance reviews that explicitly address the preventive ethics work they perform.
- ☐ A designated individual is held accountable in a general way for the quality of the facility's preventive ethics activities.
- ☐ A designated individual is held accountable through a performance review that explicitly addresses the quality of the facility's preventive ethics activities.
- ☐ Other (specify):

3.5 Which of the following are included in your facility's approach to providing staff member time for preventive ethics activities? (Mark all that apply.)

- ☐ Managers approve time for those responsible for preventive ethics to perform this activity, but do not arrange for release or coverage of their other work responsibilities.
- ☐ Managers approve time for those responsible for preventive ethics to perform this activity and arrange for release or coverage of their other work responsibilities, as needed.
- ☐ Managers ensure one or more individuals responsible for preventive ethics have dedicated time to perform this activity.
- ☐ Other (specify):

3.6 Which of the following are included in your facility's approach to educating individuals that perform preventive ethics activities? (Mark all that apply.)

- ☐ Our facility does not provide education on preventive ethics to individuals that perform preventive ethics activities.
- ☐ Some staff members that perform preventive ethics activities are offered education on preventive ethics.
- ☐ All staff members that perform preventive ethics activities are offered education on preventive ethics.
- ☐ Some staff members that perform preventive ethics activities are required to receive education on preventive ethics.
- ☐ All staff members that perform preventive ethics activities are required to receive education on preventive ethics.
- ☐ Other (specify):

3.7 In which of the following areas does at least one individual who engages in preventive ethics have a high level of proficiency? (Mark all that apply.)

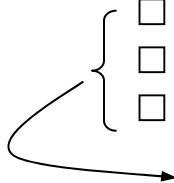
- ☐ Knowledge of quality improvement principles, methods, and practices
- ☐ Knowledge of relevant organizational environment(s)
- ☐ Knowledge of organizational change strategies
- ☐ Knowledge of ethics topics and concepts
- ☐ Skill in moral reasoning
- ☐ Skill in systems thinking
- ☐ Other (specify):


3.8 Which sources does the individual responsible for preventive ethics (e.g., Preventive Ethics Coordinator) routinely contact to identify ethical issues that may benefit from a preventive ethics approach? (Mark all that apply.)

- ☐ No sources are routinely contacted
- ☐ Our facility's ethics consultation service
- ☐ Senior management/executive leadership body
- ☐ IntegratedEthics Council (facility-level)
- ☐ Service leaders/program heads
- ☐ Quality management
- ☐ Human resources
- ☐ Fiscal services
- ☐ Compliance and business integrity
- ☐ Patient safety
- ☐ Research service
- ☐ VISN-IntegratedEthics Point of Contact
- ☐ Other (specify):

3.9 Which approaches are used at your facility to disseminate information about preventive ethics activities, including "lessons learned?" (Mark all that apply.)

- ☐ No information is disseminated to staff members.
- ☐ Information is disseminated at senior executive meetings.
- ☐ Information is disseminated at managers' meetings.
- ☐ Information is disseminated at staff meetings.
- ☐ Information is presented on posters or bulletin boards.
- ☐ Information is presented through newsletters, all-staff emails, or reports.
- ☐ Other (specify):



 **If marked, file in Section 3.C.: Supporting Documentation Related to Preventive Ethics.**

3.10 In the last year, have any of the following topics been addressed through preventive ethics activities?

☒ In the table below, mark “yes” or “no” to whether the topic was addressed by preventive ethics activities.

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Shared Decision Making with Patients (how well the facility promotes collaborative decision making between clinicians and patients)		
<input type="checkbox"/>	<input type="checkbox"/>	Decision making capacity/competency (ability of the patient to make his/her own health care decisions)
<input type="checkbox"/>	<input type="checkbox"/>	Informed consent process (providing information to the patient or surrogate, ensuring that the decision is voluntary, and documenting the decision—note: informed consent for research should be coded under Research)
<input type="checkbox"/>	<input type="checkbox"/>	Surrogate decision making (selection, role, and responsibilities of the person authorized to make health care decisions for the patient)
<input type="checkbox"/>	<input type="checkbox"/>	Advance care planning (statements made by a patient with decision-making capacity regarding future health care decisions)
<input type="checkbox"/>	<input type="checkbox"/>	Limits to patient choice (e.g., choice of care setting, choice of provider, a demand for unconventional treatment)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about shared decision making with patients that do not fit in the categories listed above
Ethical Practices in End-of-Life Care (how well the facility addresses ethical aspects of caring for patients near the end of life)		
<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation (CPR) (withholding or stopping resuscitation in the event of cardiopulmonary arrest, including DNR or DNAR orders)
<input type="checkbox"/>	<input type="checkbox"/>	Life-sustaining treatments (withholding or stopping artificially administered fluid or nutrition, mechanical ventilation, dialysis, surgery, antibiotics, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Medical futility (a clinician’s judgment that a therapy will be of no benefit to a patient and therefore should not be offered or should be withdrawn)
<input type="checkbox"/>	<input type="checkbox"/>	Hastening death intentionally or unintentionally (e.g., questions relating to euthanasia, assisted suicide, or the doctrine of double effect)
<input type="checkbox"/>	<input type="checkbox"/>	Death and postmortem issues (determination of death, organ donation, autopsy, disposition of body or tissue, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in end-of-life care that do not fit in the categories listed above

Question 3.10 (Continued)

3.10 In the last year, have any of the following topics been addressed through preventive ethics activities?

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Patient Privacy and Confidentiality (how well the facility protects patient privacy and confidentiality)		
<input type="checkbox"/>	<input type="checkbox"/>	Privacy (protecting individuals' interests in maintaining personal space free of unwanted intrusions and in controlling data about themselves)
<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality (nondisclosure of information obtained as part of the clinician-patient relationship)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about patient privacy and confidentiality that do not fit in the categories listed above
Professionalism in Patient Care (how well the facility fosters employee behavior appropriate for health care professionals)		
<input type="checkbox"/>	<input type="checkbox"/>	Conflicts of interest (situations that may compromise the clinician's fiduciary duty to patients, including inappropriate business or personal relationships—note: conflicts of interest relating to the government employee's duty to clients or the public should be coded under Government Service; conflicts of interest relating to the researcher's duty to research subjects should be coded under Research)
<input type="checkbox"/>	<input type="checkbox"/>	Truth telling (open and honest communication with patients, including disclosing bad news and adverse events—note: truth telling relating to informed consent should be coded under Shared Decision Making; truth telling relating to leadership, human resources, or business integrity should be coded under Ethical Practices in Business and Management; truth telling relating to communication with the public should be coded under Government Service; truth telling among staff members should be coded under Ethical Practices in the Everyday Workplace)
<input type="checkbox"/>	<input type="checkbox"/>	Difficult patients (clinician interactions with patients who are disruptive or do not adhere to treatment plans/health care recommendations)
<input type="checkbox"/>	<input type="checkbox"/>	Cultural/religious sensitivity (clinician interactions with people of different ethnicity, religion, sexual orientation, gender, age, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about professionalism in patient care that do not fit in the categories listed above
Ethical Practices in Resource Allocation (how well the facility ensures fairness in allocating resources across programs, services, and patients)		
<input type="checkbox"/>	<input type="checkbox"/>	Systems level - macroallocation (how well the facility demonstrates fairness in allocating resources across programs and services)
<input type="checkbox"/>	<input type="checkbox"/>	Individual level - microallocation (how well the facility demonstrates fairness in allocating resources to individual patients or staff members)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in resource allocation that do not fit in the categories listed above

Question 3.10 (Continued)

3.10 In the last year, have any of the following topics been addressed through preventive ethics activities?

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Ethical Practices in Business and Management (how well the facility promotes high ethical standards in its business and management practices)		
<input type="checkbox"/>	<input type="checkbox"/>	Leadership (behaviors of leaders in support of an ethical environment and culture)
<input type="checkbox"/>	<input type="checkbox"/>	Human resources (supervisory support for an ethical environment and culture through the performance management system)
<input type="checkbox"/>	<input type="checkbox"/>	Business integrity (practices that support oversight of business processes, compliance with legal and ethical standards, and promotion of business quality and integrity)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about business and management that do not fit in the categories listed above
Ethical Practices in Government Service* (how well the facility fosters behavior appropriate for government employees)		
<input type="checkbox"/>	<input type="checkbox"/>	Government ethics rules and laws (ethics rules, regulations, policies or standards of conduct that apply to federal government employees, e.g., bribery, nepotism, gift and travel rules)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in government service that do not fit in the category listed above
Ethical Practices in Research (how well the facility ensures that its employees follow ethical standards that apply to research practices)		
<input type="checkbox"/>	<input type="checkbox"/>	Informed consent for research (providing information to the research subject or surrogate, ensuring that the decision is voluntary, and documenting the decision—note: informed consent for clinical care should be coded under Shared Decision Making)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in research that do not fit in the category listed above
Ethical Practices In the Everyday Workplace (how well the facility supports ethical behavior in everyday workplace interactions)		
<input type="checkbox"/>	<input type="checkbox"/>	Respect and dignity (e.g., employee privacy, personal safety, respect for diversity)
<input type="checkbox"/>	<input type="checkbox"/>	Ethical climate (e.g., openness to ethics discussion, perceived pressure to engage in unethical conduct)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about ethical practices in the everyday workplace that do not fit in the categories listed above

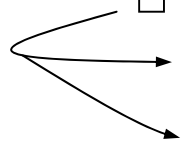

* Questions about the interpretation of the legal requirements of government service are the sole purview of the designated government ethics officers within the Office of General Counsel and regional counsel offices.

Question 3.10 (Continued)

3.10 In the last year, have any of the following topics been addressed through preventive ethics activities?

YES ↓	NO ↓	IntegratedEthics Domains and Topics
Integrated Ethics Program		
<input type="checkbox"/>	<input type="checkbox"/>	IntegratedEthics structure and processes (characteristics and policies of the facility's formal mechanism(s) for addressing ethics in health care)
<input type="checkbox"/>	<input type="checkbox"/>	Other topics about the IntegratedEthics program that do not fit in the category listed above

3.11 Which of the following best describes your facility's policy that addresses preventive ethics? (Mark only one.)

- ☐ Our facility does not have a policy that addresses preventive ethics.
- ☐ Our facility has a policy that addresses preventive ethics with the following elements:
-  ☒ Mark "yes" or "no" to whether the element is addressed in the policy.
-  If marked, file in Section 3.C.: Supporting Documentation Related to Preventive Ethics.

YES ↓	NO ↓	POLICY ELEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	The goals of preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	Who is to perform preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	The education and/or training required of those who perform preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	What activities fall within the mandate of preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	What issues are appropriate for the preventive ethics team to consider
<input type="checkbox"/>	<input type="checkbox"/>	How issues are to be identified, prioritized, and addressed
<input type="checkbox"/>	<input type="checkbox"/>	Which issues require a quality improvement approach
<input type="checkbox"/>	<input type="checkbox"/>	How the confidentiality of participants is to be protected
<input type="checkbox"/>	<input type="checkbox"/>	How preventive ethics activities are to be performed
<input type="checkbox"/>	<input type="checkbox"/>	How preventive ethics activities are to be documented
<input type="checkbox"/>	<input type="checkbox"/>	Who is accountable for preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	How the quality of preventive ethics is to be assessed and assured

3.12 Which of the following best describes how your facility evaluates preventive ethics? (Mark only one.)

- ☐ Our facility does not evaluate the preventive ethics program.
☐ Our facility occasionally evaluates the preventive ethics program on the following factors:
☐ Our facility regularly evaluates the preventive ethics program on the following factors:
☒ **In the table below, mark “yes” or “no” as to whether the factor is evaluated.**
☐ **If marked, file in Section 3.C. Supporting Documentation Related to Preventive Ethics.**

YES ↓	NO ↓	FACTORS EVALUATED
<input type="checkbox"/>	<input type="checkbox"/>	Integration: preventive ethics is well integrated with other ethics-related activities in the facility
<input type="checkbox"/>	<input type="checkbox"/>	Leadership support: preventive ethics is adequately supported by leadership
<input type="checkbox"/>	<input type="checkbox"/>	Expertise: individuals performing preventive ethics have the required knowledge and skills to perform preventive ethics competently
<input type="checkbox"/>	<input type="checkbox"/>	Staff member time: individuals performing preventive ethics have adequate time to perform preventive ethics effectively
<input type="checkbox"/>	<input type="checkbox"/>	Resources: individuals performing preventive ethics have ready access to the resources they need
<input type="checkbox"/>	<input type="checkbox"/>	Access: staff members know when and how to refer issues to those responsible for performing preventive ethics
<input type="checkbox"/>	<input type="checkbox"/>	Accountability: there is clear accountability for preventive ethics within the facility's reporting hierarchy
<input type="checkbox"/>	<input type="checkbox"/>	Organizational learning: those responsible for preventive ethics disseminate their experience and findings effectively
<input type="checkbox"/>	<input type="checkbox"/>	Evaluation: those responsible for preventive ethics continuously improve the quality of their work through systematic assessment
<input type="checkbox"/>	<input type="checkbox"/>	Policy: the structure, function and processes of preventive ethics are formalized in institutional policy
<input type="checkbox"/>	<input type="checkbox"/>	ISSUES approach: ethics issues are addressed in accordance with the “ISSUES” approach (as outlined in the IntegratedEthics primer, <i>Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Goals: preventive ethics meets its stated goals
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

3.13 Describe specific examples of how evaluation(s) have been used to improve the quality of preventive ethics at your facility.

3.14 Describe an example of how preventive ethics helped to improve ethical practices in your facility and an example of when it failed to do so. How do you explain the different outcomes? What do you think were the critical differences in these situations?

Section 3.B: Notes on Preventive Ethics

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given above. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans.

Section 3.C: Supporting Documentation Related to Preventive Ethics

Instructions: In the previous section, a number of supporting documents were requested (see questions 3.9, 3.11, and 3.12). Use this space to list these supporting documents and where they can be located and/or file copies of the documents at this point in the workbook. These documents, together with your responses in Subsections A and B will provide a helpful overview of activities important to your IntegratedEthics program.

Section 4: Ethical Leadership

This section of the workbook pertains to ethical leadership. For additional information about items in this section, refer to the IntegratedEthics primer, *Ethical Leadership: Fostering an Ethical Environment and Culture*, the IntegratedEthics toolkit for the ethical leadership coordinator, and the ethical leadership video.

Definition of Terms:

Corporate decision-making body: An executive and/or senior leadership body that makes major organizational decisions, such as opening or closing a unit. Some examples include executive committees, clinical executive boards, and executive leadership boards. These bodies often include leaders and senior leaders, such as the medical center director, chief financial officer, chief nurse executive, chief of staff and service line chiefs, but may vary from facility to facility.

Ethical practices in health care: Decisions or actions in the delivery and/or management of health care which are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff members.

Ethical leadership: Activities on the part of leaders to foster an environment and culture that support ethical practices throughout the organization. These include demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting the facility's local ethics program.

Leaders: Staff members at the senior executive and mid-manager (division/department/service line manager) levels as defined in the High Performance Development Model (HPDM).

Senior leaders: For the purpose of this workbook, senior leaders are individuals who are the top level managers of a facility (e.g., the quadrad).

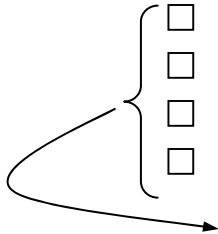
Section 4.A.: Questions

Instructions: Choose the response or responses that best describe your facility's current practices.

- 4.1 Which of the following responses best describes who has responsibility for overseeing ethical leadership at your facility? (Mark only one.)
- ☐ No individual or group has specific responsibility for overseeing ethical leadership.
 - ☐ Two or more individuals are jointly responsible for overseeing ethical leadership.
 - ☐ One individual is solely responsible for overseeing ethical leadership.
 - ☐ One individual is responsible for overseeing ethical leadership, and for promoting ethical leadership among other facility leaders.
 - ☐ Other (specify):

4.2 At your facility, which approaches do senior leaders commonly use to communicate specific expectations for ethical practices? (Mark all that apply.)

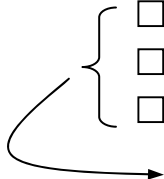
- ☐ Oral communication by leaders (e.g., staff meetings, town hall meetings)
- ☐ Written communication by leaders (e.g., executive memoranda)
- ☐ Policies
- ☐ New employee orientation
- ☐ Other (specify):



📁 If marked, file samples in Section 4.C.: Supporting Documentation Related to Ethical Leadership.

4.3 At your facility, in what ways are ethical practices acknowledged and reinforced by leaders? (Mark all that apply.)

- ☐ Ethical practices are acknowledged on an *ad hoc* basis (e.g., feedback to an individual employee).
- ☐ Ethical practices are formally acknowledged (e.g., recognition at staff meetings).
- ☐ There is zero tolerance for unethical practices.
- ☐ Ethical practices are acknowledged through a specific awards program.
- ☐ Ethical practices are identified in employees' performance plans.
- ☐ Other (specify):

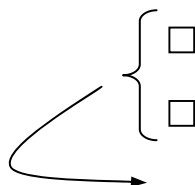


📁 If marked, file in Section 4.C.: Supporting Documentation Related to Ethical Leadership.

4.4 How does your top corporate decision-making body ensure that it adequately considers the ethical aspects of major decisions? (Mark all that apply.)

Identify the corporate decision-making body here: _____

- ☐ This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.
- ☐ This corporate decision-making body includes a member with recognized expertise in ethics.
- ☐ This corporate decision-making body refers ethical concerns or issues to the facility's ethics committee or IntegratedEthics program.
- ☐ This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.
- ☐ Other (specify):



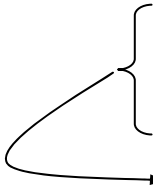
📁 If marked, file a copy in Section 4.C.: Supporting Documentation Related to Ethical Leadership.

If your facility has only one corporate decision-making body, skip to Question 4.6.

- 4.5** How does your second corporate decision-making body ensure that it adequately considers the ethical aspects of major decisions? (Mark all that apply.)

Identify the corporate decision-making body here: _____

- ☐ This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.
- ☐ This corporate decision-making body includes a member with recognized expertise in ethics.
- ☐ This corporate decision-making body refers ethical concerns or issues to the facility's ethics committee or IntegratedEthics program.
- ☐ This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.
- ☐ Other (specify):



If marked, file a copy in Section 4.C.: Supporting Documentation Related to Ethical Leadership.

- 4.6** At your facility, how do leaders involve patients and/or veteran representatives in major organizational decisions that affect veterans and have ethical implications (e.g., closing a patient care unit)? (Mark only the most common approach.)

- ☐ Patients and/or veteran representatives are not involved.
- ☐ Patients and/or veteran representatives may express their views in an unplanned or *ad hoc* manner.
- ☐ Patients and/or veteran representatives are invited or asked to express their views.
- ☐ Patients and/or veteran representatives participate routinely in the decision-making process.
- ☐ Other (specify):

- 4.7** At your facility, how do leaders involve clinical staff members in major organizational decisions that affect clinical care and have ethical implications (e.g., closing a patient care unit)? (Mark only the most common approach.)

- ☐ Clinical staff members are not involved.
- ☐ Clinical staff members may express their views in an unplanned or *ad hoc* manner.
- ☐ Clinical staff members are invited or asked to express their views.
- ☐ Clinical staff members participate routinely in the decision-making process.
- ☐ Other (specify):

4.8 At your facility, how do leaders involve staff members in major organizational decisions that have ethical implications (e.g., reducing the workforce)? (Mark only the most common approach.)

- ☐ Staff members are not involved.
- ☐ Staff members may express their views in an unplanned or *ad hoc* manner.
- ☐ Staff members are invited or asked to express their views.
- ☐ Staff members participate routinely in the decision-making process.
- ☐ Other (specify):

4.9 Consider the last major clinical decision made by leaders at your facility that had ethical implications for staff members and/or patients (e.g., closing a patient care unit, implementing a significant change in procedures). Which approaches were used to **explain** the decision? (Mark all that apply.)

Identify the decision here: _____

4.9a Staff members

- ☐ No explanation for the decision was provided to the affected staff members.
- ☐ Leaders provided the affected staff members with a justification for the final decision.
- ☐ Leaders explained the pros and cons of the options considered to the affected staff members.
- ☐ Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.
- ☐ Other (specify):

4.9b Patients and/or Veteran Representatives

- ☐ No explanation for the decision was provided to patients and/or veteran representatives.
- ☐ Leaders provided patients and/or veteran representatives with a justification for the final decision.
- ☐ Leaders explained the pros and cons of the options considered to patients and/or veteran representatives.
- ☐ Leaders informed patients and/or veteran representatives about the process used in making the decision, including who had input into the decision.
- ☐ Other (specify):

- 4.10** Consider the last major non-clinical decision made by leaders at your facility that had ethical implications for staff members and/or patients (e.g., reducing the workforce). Which approaches were used to explain the decision? (Mark all that apply.)

Identify the decision here: _____

4.10a Staff members

- ☐ No explanation for the decision was provided to the affected staff members.
- ☐ Leaders provided the affected staff members with a justification for the final decision.
- ☐ Leaders explained the pros and cons of the options considered to the affected staff members.
- ☐ Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.
- ☐ Other (specify):

4.10b Patients and/or Veteran Representatives

- ☐ No explanation for the decision was provided to patients and/or veteran representatives.
- ☐ Leaders provided patients and/or veteran representatives with a justification for the final decision.
- ☐ Leaders explained the pros and cons of the options considered to patients and/or veteran representatives.
- ☐ Leaders informed patients and/or veteran representatives about the process used in making the decision, including who had input into the decision.
- ☐ Other (specify):
- ☐ Not applicable.

4.11 Which of the following are included in your facility's approach to educating leaders about ethical leadership? (Mark all that apply.)

- ☐ This facility does not have a specific approach to educating leaders about ethical leadership.
- ☐ Some leaders are offered education about ethical leadership.
- ☐ All leaders are offered education about ethical leadership.
- ☐ Some leaders are required to receive education about ethical leadership.
- ☐ All leaders are required to receive education about ethical leadership.
- ☐ Some leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.
- ☐ All leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.
- ☐ Other (specify):

4.12 Describe specific examples of how ethical leadership has affected the ethical environment and culture at your facility.

Section 4.B: Notes on Ethical Leadership

Instructions: Record your interpretations, comments, concerns, and qualifications to the responses given above. Then suggest any opportunities you perceive for improving your ethics program. These notes will help your facility develop follow-up action plans.

Section 4.C: Supporting Documentation Related to Ethical Leadership

Instructions: In the previous section, a number of supporting documents were requested (see questions 4.2, 4.3, 4.4, and 4.5). use this space to list these supporting documents and where they can be located and/or file copies of the documents at this point in the workbook. These documents, together with your responses in Subsections A and B will provide a helpful overview of activities important to your IntegratedEthics program.

Understanding the Results and Next Steps

Now that all the sections of the workbook have been completed, the teams should meet to discuss the results and identify gaps between your current ethics program and a fully developed IntegratedEthics program. To help identify gaps, teams should review the *IntegratedEthics Facility Workbook: Understanding Your Results* (vaww.ethics.va.gov/IntegratedEthics). You should then report the results to the senior leaders of your facility and/or your IntegratedEthics Council. When interpreting your results, local considerations should be taken into account to determine which findings represent a quality gap and which of these should receive priority at your facility.

Since this is a tool for continuous quality improvement, you should use the workbook to re-assess your IntegratedEthics program on an annual basis. By comparing results across time, you can track your progress and determine where further work is needed.

After completion of the workbook, send one copy to your VISN IntegratedEthics Point of Contact for monitoring purposes.

Reminder: To Save Your Workbook Electronically

Select “Save As” from the drop-down “File” menu. Enter a new filename using the following format:

VISN number[dash]Facility name[dash]fiscal year

Your new filename should look like this:

“VISN20--PugetSoundHCS--FY07.”

After completing the workbook and saving it electronically, send one copy to your VISN IntegratedEthics Point of Contact for monitoring purposes.